

COVER PAGE

Please type or print in ink.

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
REYNOLDS ROBERTA Grande

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
BURBANK UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
Your Position
BOARD OF EDUCATION

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of BURBANK ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is ____/____/____, through December 31, 2013.
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2013, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/____
☐ The period covered is ____/____/____, through the date of leaving office.
☒ Candidate: Election year 2015 and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1900 W. OLIVE AVE BURBANK CA 91506
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(818) 538-7834 RLG.REYNOLDS@GMAIL.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11-25-14 Signature _____
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

ROBERTA REYNOLDS

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

HOLLYWOOD PRESBYTERIAN MED CTR

ADDRESS (Business Address Acceptable)

1300 N. VERMONT AVE LA90027

BUSINESS ACTIVITY, IF ANY, OF SOURCE

HOSPITAL

YOUR BUSINESS POSITION

PHARMACIST MANAGER

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GENERAL ELECTRIC RETIREMENT

ADDRESS (Business Address Acceptable)

P.O. Box 60024, Schenectady, NY 12301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

RETIREMENT INCOME

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE (Not an Acronym)

PALE SCOTT and COMPANY
ADDRESS (Business Address Acceptable) 8TH FLOOR
650 California ST, SAN FRANCISCO
BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 94108

BOND CONSULTANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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12.05.13	\$ 24	CSBA Reception Event
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1/1/1	\$	
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1/1/1	\$	
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► NAME OF SOURCE (Not an Acronym)

WARNER BROTHERS
ADDRESS (Business Address Acceptable)
4000 Warner Blvd, BURBANK
BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 91502

ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

12.9.13	\$ 36	Man of Steel DVD
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1/1/1	\$	
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1/1/1	\$	
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► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1/1/1	\$	
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1/1/1	\$	
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1/1/1	\$	
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► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1/1/1	\$	
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1/1/1	\$	
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1/1/1	\$	
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► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1/1/1	\$	
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1/1/1	\$	
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1/1/1	\$	
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1/1/1	\$	
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1/1/1	\$	
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1/1/1	\$	
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Comments: _____